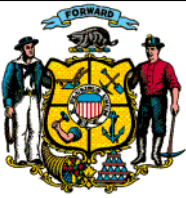


PSC REF#:110786

Public Service Commission of Wisconsin
RECEIVED: 04/01/09, 12:48:26 PM

 4026	Public Service Commission of Wisconsin (8029) - TELECORP COMMUNICATIONS LLC Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2008
Rules for Reporting Assessable Revenue Definitions Help	
* - indicates required fields	
Signature	
I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.	
Utility Name:	TELECORP COMMUNICATIONS LLC
Person responsible for accounts:	Pete Ritcher *
Title of person responsible for accounts:	CFO *
Date:	04/01/2009 * (mm/dd/yyyy)
Identification	
Utility Name:	TELECORP COMMUNICATIONS LLC
Street Address:	1057 Lenox Park Blvd Suite C139 *
PO Box:	PO Box Zip: *
City:	Atlanta * State: GA * Zip: 30319 *
Web Site Address:	www.att.com
Business Customers Phone:	8003310500 Example 6085551212 Ext: *
Residential Customers Phone:	8003310500 Example 6085551212 Ext: *
Primary Address - Primary Utility Contact (located at utility address)	
Name:	Tom Jankowski *
Title:	Director Public Policy *
Firm/Company:	AT&T Mobility *
Office Address:	1057 Lenox Park Blvd Suite C139 *
PO Box:	PO Box Zip: *
City:	Atlanta * State: GA * Zip: 30319 *
Fax Number:	8662470554 Example 6085551212
Phone Number:	4044995763 * Example 6085551212
Email Address:	tom.jankowski@att.com *
Annual Report Contact - Contact Person for Information Contained in This Annual Report	
<input checked="" type="checkbox"/> Same As Primary Address	
Name:	* *
Title:	* *
Firm/Company:	* *
Office Address:	* *

PO Box: PO Box Zip:
City: * State: * Zip: *
Fax Number: Example 6085551212
Phone Number: * Example 6085551212
Email Address:

Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints☐ Same As Primary Address

Name: Office of The President *

Title: Manager, Office of the President *

Firm/Company: AT&T Mobility *

Office Address: 1100 Woodfield Road Suite 200 *

PO Box: PO Box Zip:

City: Schaumburg * State: IL * Zip: 60173 *

Fax Number: 8474137446 Example 6085551212

Phone Number: 8474137676 * Example 6085551212

Email Address: james.m.camberis@att.com

Assessable Revenues

1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? Y (Y/N) *

1a) If not, please state the nature of your entity's business.

1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? (Blank/Y/N)

2) Do you believe that this year's CMRS revenues have already been reported to the Commission? N (Y/N) *

2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).

2b) If no, provide your assessable revenues (in 000's) for Universal Service Fund assessment purposes. (000's)

Wisconsin Gross Intrastate Operating Telecommunications Service Revenue ***Begin Confidential

***End Confidential

Annual Report Notes (if applicable)

Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.

Print

Check for Errors & Submit